

KANSAS DEPARTMENT OF LABOR

REPLY TO THIS ADDRESS:

U. I. CALL CENTER

P O BOX 3539

TOPEKA KS

66601-3539

785-575-1460

FAX: 785-296-3249

NOTICE OF DETERMINATION

SSN:

BYB:

CLAIMANT:

EMPLOYER:

EMPLOYER NO:

EXAMINER:

CODE: 23117

BEGINS: 05-20-2004

ENDS:

MAILED: 08-11-2004

CLAIMANT IS DENIED UNEMPLOYMENT INSURANCE BENEFITS UNDER THE PROVISIONS OF THE EMPLOYMENT SECURITY LAW, K.S.A. 44-706.

THE DISQUALIFICATION BEGINS 05-20-2004 AND ENDS WHEN CLAIMANT RETURNS TO WORK AND EARNS THREE TIMES THE WEEKLY BENEFIT AMOUNT OR \$ 543, FROM AN EMPLOYER THAT PAYS UNEMPLOYMENT INSURANCE TAXES. IF YOU RETURN TO WORK AND THEN BECOME UNEMPLOYED AGAIN, YOU MAY FILE ANOTHER CLAIM. WE WILL DETERMINE WHETHER YOU ARE ELIGIBLE FOR BENEFITS AT THAT TIME, BASED ON THE REASON YOU ARE SEPARATED FROM THE SUBSEQUENT EMPLOYMENT. WEEKS CLAIMED PRIOR TO THE TIME YOU RETURNED TO WORK AND EARNED WAGES SUFFICIENT TO SATISFY THIS DISQUALIFICATION ARE NOT PAYABLE.

FINDINGS: CLAIMANT LEFT WORK TO BECOME SELF-EMPLOYED. CLAIMANT LEFT WORK WITHOUT GOOD CAUSE ATTRIBUTABLE TO THE WORK OR THE EMPLOYER.

(SEE REVERSE SIDE FOR APPEAL RIGHTS)